Filing Date

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Application Number

## MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS 2(0.04 AFTER FIRST AFTER SECOND AMENDMENT -AMENDMENT indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep | Depend .28 .80 ÷49. TRACTOR TO B CONTRACTOR Total Indep Total Total Indep Depend Total Depend Total Claims Claims

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